



This is an alphabetical list of INCB and MOH&P controlled Narcotics / Psychotropics and Controlled (CD) Drugs used for medical purposes, their Scheduling and level of restrictions to carry with travellers to the UAE, with specific medical reasons and supporting documents .

SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
1	(+) – LYSERGIDE (LSD, LSD-25)	Psychotropic Schedule I	Prohibited
2	2c-B	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
3	<i>3-methylfentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
4	<i>3-methylthiofentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
5	4 – Methylaminorex	Psychotropic Schedule I	Prohibited
6	4-MTA	Psychotropic Schedule I	Prohibited
7	Acetorphine	NARCOTIC SCHEDULE – IV	Prohibited
8	<i>Acetyl-alpha-methylfentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
9	Acetyldihydrocodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
10	Acetylmethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
11	Alfentanyl	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
12	Allobarbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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13	Allylprodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
14	Alphacetylmethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
15	Alphameprodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
16	Alphamethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
17	<i>Alpha-methylfentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
18	<i>Alpha-methylthiofentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
19	Alphaprodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
20	Alprazolam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
21	Amfepramone	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
22	Amfetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
23	Amineptine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
24	Aminorex	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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25	Amisulpiride	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
26	Amobarbital	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
27	Anileridine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
28	Any other plants not stated in this table and contain narcotic ingredients or can cause harm to the mind	Narcotic Schedule IV	Prohibited
29	Aripiprazole	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
30	Barbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
31	Benzethidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
32	Benzfetamine	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
33	Benzhexol (TRIHENXYPHENIDYL)	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
34	Benzylmorphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
35	Betacetylmethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
36	<i>Beta-hydroxy-3-methylfentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited



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37	<i>Beta-hydroxyfentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
38	Betameprodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
39	Betamethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
40	Betaprodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
41	Bezitramide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
42	Brolamphetamine	Psychotropic Schedule I	Prohibited
43	Bromazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
44	Brotizolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
45	Buprenorphine	CD (Psychotropic Schedule III)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
46	Butalbital	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
47	Butobarbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
48	Camazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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49	<i>Cannabis Plant</i>	NARCOTIC SCHEDULE – IV	Prohibited
50	<i>Cannabis Resine</i>	NARCOTIC SCHEDULE – IV	Prohibited
51	Cannabis Sativa (Indian Hemp)	Narcotic Schedule IV	Prohibited
52	Catha Edulis (Khat,Kat)	Narcotic Schedule IV	Prohibited
53	CATHINE (Norpseudo-Ephedrine)	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
54	Cathinone	Psychotropic Schedule I	Prohibited
55	Chlordiazepoxide	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
56	Chlormethiazole	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
57	Chlorpromazine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
58	Claviceps Purpurea (Ergot)	Narcotic Schedule IV	Prohibited
59	Clobazam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
60	Clonazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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61	Clonitrazene	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
62	Clorazepate	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
63	Clotiazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
64	Cloxazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
65	Clozapine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
66	<i>Coca leaf</i>	NARCOTIC SCHEDULE – I	Prohibited
67	<i>Cocaine</i>	NARCOTIC SCHEDULE – I	Prohibited
68	Codeine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
69	Codeine >30mg/Unit Dose (in combination)	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
70	Codoxime	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
71	<i>Concentrate of poppy straw</i>	NARCOTIC SCHEDULE – I	Prohibited
72	Corynanthe Yohimbe (Bark)	Narcotic Schedule IV	Prohibited



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73	Corynanthe Yohimbe (Yohimbe Bush)	Narcotic Schedule IV	Prohibited
74	Cyclobarbital	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
75	Datura (Datura Stramonium)	Narcotic Schedule IV	Prohibited
76	Delorazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
77	Desomorphine	NARCOTIC SCHEDULE – IV	Prohibited
78	DET	Psychotropic Schedule I	Prohibited
79	Dexamfetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
80	Dextromoramide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
81	Dextropropoxyphene	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
82	Diampromide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
83	Diazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
84	Diethylthiambutene	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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85	Difenoxin	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
86	Dihydrocodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
87	Dihydrocodeine (with combination)	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
88	<i>Dihydroetorphine</i>	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
89	<i>Dihydromorphine</i>	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
90	Dimenoxadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
91	Dimepheptanol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
92	Dimethylthiambutene	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
93	Dioxaphetyl butyrate	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
94	Diphenoxylate	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
95	Dipipanone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
96	DMA	Psychotropic Schedule I	Prohibited



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97	DMHP	Psychotropic Schedule I	Prohibited
98	DMT	Psychotropic Schedule I	Prohibited
99	DOET	Psychotropic Schedule I	Prohibited
100	Dronabinol	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
101	Droperidol	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
102	Drotebanol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
103	<i>Ecgonine</i>	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
104	Ehtylmorphine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
105	Ephedrine	Controlled according to United Nations Convention 1988	Quantity for the period of stay or a maximum one month use whichever is less.
106	Ergot mushroom	Narcotic Schedule IV	Prohibited
107	Erythroxyton Coca (Coca)	Narcotic Schedule IV	Prohibited
108	Estazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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109	Ethchlorvynol	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
110	Ethinamate	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
111	Ethyl Loflazepate	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
112	Ethylmethylthiambutene	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
113	Eticyclidine	Psychotropic Schedule I	Prohibited
114	Etilamfetamine (N-Ethylamphetamine)	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
115	Etonitazene	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
116	Etorphine	NARCOTIC SCHEDULE – I	Prohibited
117	Etoxidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
118	Etryptamine	Psychotropic Schedule I	Prohibited
119	Fencamfamin	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
120	Fenetylline	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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121	Fenproporex	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
122	Fentanyl	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
123	Fludiazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
124	Flumazenil	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
125	Flunitrazepam	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
126	Flupenthixol	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
127	Fluphenazine Dihydrochloride	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
128	Flurazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
129	Furethidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
130	Gabapentin	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
131	Ghb	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
132	Glutethamide	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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133	Halazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
134	Haloperidol	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
135	Haloxazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
136	<i>Heroin</i>	NARCOTIC SCHEDULE – Iv	Prohibited
137	Hydrocodone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
138	Hydromorphinol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
139	Hydromorphone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
140	Hydroxypethidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
141	Hyoscyamus Niger (Henbane)	Narcotic Schedule IV	Prohibited
142	Ipomoea sp. (Morning Glory)	Narcotic Schedule IV	Prohibited
143	Isomethadone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
144	Ketamine, Ketalar	CD (Psychotropic Schedule II)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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145	Ketazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
146	Ketobemidone	NARCOTIC SCHEDULE – I	Prohibited
147	Lefetamine	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
148	Levamphetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
149	Levomethorphan	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
150	Levomoramide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
151	Levophenacymorphan	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
152	Levorphanol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
153	Lisdexamphetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
154	Lophophora Williamsii (Peyote)	Narcotic Schedule IV	Prohibited
155	Loprazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
156	Lorazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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157	Lormetazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
158	Lovomethamphetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
159	Mazindol	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
160	MDE, N-ethyl MDA	Psychotropic Schedule I	Prohibited
161	MDMA	Psychotropic Schedule I	Prohibited
162	Mecloqualone	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
163	Medazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
164	Medetomidine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
165	Mefenorex	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
166	Mephexalone	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
167	Meprobamate	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
168	Mescaline	Psychotropic Schedule I	Prohibited



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169	Mesocarb	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
170	Metamfetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
171	Metazocine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
172	Methadone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
173	<i>Methadone intermediate</i>	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
174	Methamphetamine Racemate	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
175	Methaqualone	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
176	Methcathinone	Psychotropic Schedule I	Prohibited
177	Methrimiprazine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
178	Methyldesorphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
179	Methyldihydromorphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
180	Methylphenidate	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
181	Methylphenobarbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
182	Methypylon	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
183	Metopon	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
184	Midazolam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
185	Misoprostol	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
186	MMDA	Psychotropic Schedule I	Prohibited
187	Modafinil	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
188	Moramide intermediate	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
189	Morning Glory	Narcotic Schedule IV	Prohibited
190	Morpheridine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
191	Morphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
192	Morphine methobromide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
193	Morphine n-oxide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
194	MPPP	NARCOTIC SCHEDULE – I	Prohibited
195	Myrophine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
196	Nalbuphine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
197	N-hydroxy MDA	Psychotropic Schedule I	Prohibited
198	Nicocodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
199	Nicodicodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
200	Nicomorphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
201	Nimetazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
202	Nitrazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
203	Noracymethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
204	Norcodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
205	Nordazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
206	Norlevorphanol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
207	Normethadone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
208	Normorphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
209	Norpipanone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
210	Olanzapine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
211	Opium	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
212	Oxazepam	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
213	Oxazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
214	Oxazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
215	Oxycodone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
216	Oxymorphone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
217	Papaver Somniferum (Opium)	Narcotic Schedule IV	Prohibited
218	<i>Para-fluorofentanyl</i>	NARCOTIC SCHEDULE – I	Prohibited
219	Parahexyl	Psychotropic Schedule I	Prohibited
220	Pemoline	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
221	Pentazocine	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
222	Pentobarbital	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
223	PEPAP	NARCOTIC SCHEDULE – I	Prohibited
224	Pethidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
225	Pethidine intermediate A	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
226	Pethidine intermediate B	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
227	Pethidine intermediate C	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
228	Peyote Cactus	Narcotic Schedule IV	Prohibited



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
229	Phenadoxone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
230	Phenamproside	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
231	Phenazocine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
232	Phencyclidine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
233	Phendimetrazine	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
234	Phenmetrazine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
235	Phenobarbital	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
236	Phenomorphane	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
237	Phenoperidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
238	Phentermine	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
239	Pholcodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
240	Piminodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
241	Pimozide	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
242	Pinazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
243	Pipradrol	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
244	Piptadenia Pregrina	Narcotic Schedule IV	Prohibited
245	Piritramide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
246	PMA	Psychotropic Schedule I	Prohibited
247	Prazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
248	Pregabalin	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
249	Prochlorperazine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
250	Procyclidine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
251	Proheptazine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
252	Properidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
253	Propiram	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
254	Propylhexedrine	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
255	Prostaglandin E2	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
256	Pseudoephedrine	Controlled according to United Nations Convention 1988	Quantity for the period of stay or a maximum one month use whichever is less.
257	Psilocine, Psilotsin	Psychotropic Schedule I	Prohibited
258	Psilocybe sp.& Amanita mushrooms (Magic M	Narcotic Schedule IV	Prohibited
259	Psilocybin mushrooms	Narcotic Schedule IV	Prohibited
260	Psilocybine	Psychotropic Schedule I	Prohibited
261	Pyrovalerone	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
262	Quetiapine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
263	Racemethorphan	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
264	Racemoramide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
265	Racemorphan	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
266	Rolicyclidine (PHP, PCPY)	Psychotropic Schedule I	Prohibited
267	Secbutabarbitol	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
268	Secobarbitol	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
269	STP, DOM	Psychotropic Schedule I	Prohibited
270	Sufentanyl	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
271	Sulpiride	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
272	Sultopride	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
273	Synthetic Cannabinoids (Cannabimimetics)	NARCOTIC SCHEDULE – I	Prohibited
274	Tabernanthe Iboga (Iboga tree)	Narcotic Schedule IV	Prohibited
275	Temazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
276	Tenamfetamine (MDA)	Psychotropic Schedule I	Prohibited



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
277	Tenocyclidine (TCP)	Psychotropic Schedule I	Prohibited
278	Tetrahydrocannabinol	Psychotropic Schedule I	Prohibited
279	Tetrazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
280	Thebacon	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
281	<i>Thebaine</i>	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
282	<i>Thiofentanyl</i>	NARCOTIC SCHEDULE – I	Prohibited
283	Thioridazine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
284	TMA	Psychotropic Schedule I	Prohibited
285	Tramadol	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
286	Triazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
287	Trifluoperazine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
288	Trimeperidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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289	Vinylbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
290	Zaleplon	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
291	Zipeprol	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
292	Ziprasidone	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
293	Zolpidem	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
294	Zopiclone	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
295	Zuclophenhtixol	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required

The list is intended to include the medicinal preparations containing any of the materials on the above list, and any other material(s) with the above dispensing modes in the UAE. Non-inclusion of any similar material doesn't mean that it is not covered by the Law.